

County of Los Angeles
DEPARTMENT OF PUBLIC SOCIAL SERVICES

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BRYCE YOKOMIZO
Director



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December 9, 2004

TO: Each Supervisor

A handwritten signature in black ink, appearing to read 'Bryce Yokomizo', written diagonally across the page.

FROM: Bryce Yokomizo, Director

SUBJECT: NOVEMBER 2004 MEDS/LEADER RECONCILIATION

This is to update your Board on the result of this last quarter's reconciliation of the State's Medi-Cal Eligibility Data System (MEDS) and our County LEADER system. In my previous three reports on this same subject, dated December 10, 2003, March 31, 2004 and July 22, 2004, I advised you that my Department was resuming the quarterly reconciliation process with the State and that this process was expected to result in major reductions in the Los Angeles County Medi-Cal caseload. We have now completed the fourth quarterly reconciliation which, due to State law changes, resulted in a significantly higher number of Medi-Cal beneficiaries who will be taken off the State's MEDS file because their record was previously terminated from LEADER.

LEADER/MEDS RECONCILIATION

In Los Angeles County, more than 1.3 million people receive Medi-Cal Only benefits and about 600,000 others receive Medi-Cal along with other benefits. Eligibility for these individuals is tracked and maintained on our County LEADER database. The State uses its MEDS database to track Medi-Cal cases statewide. County and State databases are reconciled quarterly to ensure accuracy. Subsequent to LEADER implementation the two systems had not been reconciled for five years.

The first reconciliation in March 2004 resulted in the removal from the MEDS files of approximately 100,000 beneficiaries who had previously been terminated from LEADER. This number was reduced to about 6,700 in the May reconciliation, and to about 4,500 in the September reconciliation.

NOVEMBER RECONCILIATION

In the November reconciliation, almost 25,000 records are scheduled to be removed from the MEDS file. Please note that no aged, blind or disabled beneficiaries are included in this group as we are making a special outreach to them.

"To Enrich Lives Through Effective And Caring Service"

The increase in terminations is largely the result of implementation of SB1103. Under SB1103, two of the fundamental premises of the reconciliation have been changed: 1) the allowable duration for a case record discrepancy between the two systems has been reduced from 12 to six months, and 2) more aid categories have been included in the reconciliation. Had these changes not been made, we estimate that about 6,200 beneficiaries would have been taken off the MEDS file.

The terminations are scheduled to take effect December 31, 2004. However, I have instructed my staff to conduct another review of the case records of all beneficiaries scheduled for termination to ensure that this action is appropriate. All affected individuals who do receive termination notices will be entitled to request State hearings to contest the action. Furthermore, I am increasing staffing in my Department's toll-free Central Helpline to ensure that we are able to quickly respond to individuals who call about the notice. I have also notified the Managed Care plans of the scheduled terminations.

MEDI-CAL ADMINISTRATION

My earlier reports alerted you that our Department had done a poor job of managing our Medi-Cal cases. I informed you that there were problems in the area of eligibility determination and case documentation, with a redetermination rate of only 44%. In the past year we have made progress in improving our performance:

- We now consistently exceed the State standard of timely completion of 90% of redeterminations of eligibility.
- We have made 20 computer changes in the criteria used to draw off data for the reconciliations to ensure better compatibility of records on the two systems.
- We have begun an ongoing training program for the Eligibility Supervisors.
- We have identified MEDS experts in each District who will be reviewing 25% of all reconciliation corrective actions to ensure accuracy.
- Finally, District managers will be directly monitoring the daily production of their staffs in resolving discrepancies between the systems.

These changes will contribute to the continuing improvement in our administration of the Medi-Cal program and to an incremental reduction in the discrepancies between the MEDS and LEADER systems. I will keep your Board advised of our progress in this area.

BY:cw

c: Executive Officer, Board of Supervisors
 Chief Administrative Officer
 County Counsel
 Auditor-Controller
 Director, Department of Health Services